

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/11/2013  
FORM APPROVED  
OMB NO. 0938-0391

45<sup>th</sup> 5/18/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445111	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  04/02/2013
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NAME OF PROVIDER OR SUPPLIER

HEALTH CENTER AT STANDIFER PLACE, THE

STREET ADDRESS, CITY, STATE, ZIP CODE

2626 WALKER RD  
CHATTANOOGA, TN 37421

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETION DATE
K 018 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 3/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to ensure corridor doors were smoke resistant.</p> <p>The findings include:</p> <p>Observation on April 1, 2013 between 2:45 p.m. and 4:00 p.m. revealed the following corridor doors were not smoke resistant:</p> <ol style="list-style-type: none"> <li>1. Janitors' closet by room 914 has louvered door.</li> <li>2. Janitors' closet across from room 876 has louvered door.</li> <li>3. Solled linen room across from room 878 has</li> </ol>	K 018	<p><u>Tag: K018</u></p> <ol style="list-style-type: none"> <li>1. Facility covered louvered doors covered to ensure smoke resistance. 4/17/13</li> <li>2. The facility inspected all doors in corridors and confirmed all have smoke resistant doors without louvers. 4/17/13</li> <li>3. Facility will ensure that all doors installed/replaced in corridors will be smoke resistant doors. The louvered corridor doors were original with the building. It has never been the practice of our maintenance staff to install louvers on corridor doors, and maintenance staff will continue to not install louvered doors in corridors or replace corridor doors with louvered doors. 4/17/13</li> <li>4. The Maintenance Director will ensure that all doors installed/replaced in corridors will be smoke resistant doors. The louvered corridor doors were original with the building, it has never been the practice of our maintenance staff to install louvers on corridor doors, and maintenance staff will continue to not install louvered doors in corridors or replace corridor doors with louvered doors. 4/17/13</li> </ol>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*John Starnes*

TITLE

Administrator

(X8) DATE

4-17-13

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.



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NAME OF PROVIDER OR SUPPLIER  HEALTH CENTER AT STANDIFER PLACE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 2626 WALKER RD CHATTANOOGA, TN 37421	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETION DATE
K 018	Continued From page 1 louvered door. 4. Janitors' closet in D Wing has louvered doors.  These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on April 2, 2013. NFPA 101 LIFE SAFETY CODE STANDARD	K 018	<u>Tag: K038</u>  1. Maintenance department will install signage stating that any door equipped with delayed egress may be opened by pushing door for 30 seconds.	5/17/13
K 038 SS=D	Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure delayed egress doors had appropriate signage.  The findings include:  Observation and interview with the maintenance director on April 1, 2013 between 2:30 p.m. and 4:00 p.m. revealed that all delayed egress doors did not have appropriate signage on the doors identifying how the delayed egress function works.  This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on April 2, 2013. NFPA 101 LIFE SAFETY CODE STANDARD	K 038	2. The facility will ensure that all doors with delayed egress will have proper signage indicating how to exit.  3. Maintenance staff will routinely inspect signage to ensure it is properly installed and clearly visible.	5/17/13  5/17/13
K 054 SS=F	All required smoke detectors, including those activating door hold-open devices, are approved,	K 054	4. QA report will be done in the 2 <sup>nd</sup> quarter of 2013 and will be done on going as needed. The Maintenance Director and Office Manager will conduct the QA study.	5/17/13 & Ongoing



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K 054	Continued From page 2 maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to maintain smoke detectors.  The findings include:  Record review and interview with the maintenance director on April 1, 2013 at 12:00 p.m. revealed that smoke detectors failed the sensitivity testing and were never corrected or replaced after the test.  This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on April 2, 2013. NFPA 101 LIFE SAFETY CODE STANDARD	K 054	<u>Tag: K054</u>  1. Facility will have all smoke detectors that do not meet sensitivity testing requirements replaced.  2. No other smoke detectors had failed the inspection, therefore no other residents were identified as being affected by the same deficient practice.  3. The Director of Maintenance will ensure that testing is completed as required and failed equipment replaced in a timely manner.  4. Director of Maintenance will ensure that the preventative maintenance plan is conducted properly by the contracted vendor. If problems are found with future inspections of the system, the Director of Maintenance will ensure that timely action is taken to make needed repairs.	4/19/13  4/19/13  4/19/13  4/19/13	
K 061 SS=F	Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1  This STANDARD is not met as evidenced by: Based on observation, the facility failed to have the automatic sprinkler system valves supervised.  The findings include:  Observation on April 1, 2013 at 4:30 p.m.	K 061			



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NAME OF PROVIDER OR SUPPLIER  HEALTH CENTER AT STANDIFER PLACE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 2626 WALKER RD CHATTANOOGA, TN 37421		
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K 061	Continued From page 3 revealed the Post Indicator Valve (PIV) was not supervised with a tamper switch.  This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on April 2, 2013.	K 061	<u>Tag: K061</u>  1. As of 4/19/13 the facility has had the Post Indicator Valve (PIV) rewired to ensure supervision with a tamper switch.	4/19/13	
K 062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD  Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5  This STANDARD is not met as evidenced by: Based on record review, the facility failed to maintain the automatic sprinkler system.  The findings include:  Record review on April 1, 2013 at 12:20 p.m. revealed the dry system full flow trip test failed when performed and was never corrected for compliance.  This finding was verified by the administrator and acknowledged by the administrator during the exit conference on April 2, 2013.	K 062	2. Facility has only one other PIV which was found to be supervised with a tamper switch. Therefore, no other residents were found to have the potential to be affected by this deficient practice. No other corrective action was needed.  3. The Director of Maintenance will ensure that the preventative maintenance plan includes inspection of both PIV's and the tamper switches.	4/19/13  4/19/13	
K 067 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD  Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2	K 067	4. Director of Maintenance will ensure that the preventative maintenance plan is conducted properly by the contracted vendor and that the vendor has been made aware that a tamper switch has been added to the PIV. If problems are found with future inspections of the system, the Director of Maintenance will ensure that timely action is taken to make needed repairs.	4/19/13	



The Health Center at Standifer Place, Main Building 01, April 2, 2013 Survey Completed

Tag: K062

- |    |   |         |
|----|---|---------|
| 1. | Facility has contracted with International Fire Protection who will submit drawings to the State of Tennessee to convert our current system from a dry system to a wet system.  | 5/17/13 |
| 2. | The facility has verified that all other sprinkler systems are operating properly and are under a regular preventative maintenance schedule.  | 5/17/13 |
| 3. | If problems are found with future inspections of the system, the Director of Maintenance will ensure that timely action is taken to make needed repairs.  | 5/17/13 |
| 4. | Director of Maintenance will ensure that the preventative maintenance plan is conducted properly by the contracted vendor. If problems are found with future inspections of the system, the Director of Maintenance will ensure that timely action is taken to make needed repairs. | 5/17/13 |



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NAME OF PROVIDER OR SUPPLIER  <b>HEALTH CENTER AT STANDIFER PLACE, THE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2628 WALKER RD CHATTANOOGA, TN 37421</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 067	Continued From page 4  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to maintain the Heating, Ventilating, and Air-conditioning (HVAC)  The findings include:  Record review and interview with the maintenance director on April 1, 2013 at 12:45 p.m. revealed the 4-year fire damper maintenance was not performed.  This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on April 2, 2013.	K 067	<u>Tag: K067</u>  1. Facility had the 4 year fire damper maintenance completed on 4/9/13 and all repairs have been completed.  2. Inspections have been conducted of all other fire dampers in buildings housing residents and no other deficiencies were found.  3. Four year fire damper maintenance was added to our existing preventative maintenance contract.  4. Four year fire damper maintenance was added to our existing preventative maintenance contract. The Director of Maintenance will ensure that the vendor completes inspection of all dampers according to the 4 year damper maintenance contract.	4/9/13  4/9/13  4/9/13  4/9/13	



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NAME OF PROVIDER OR SUPPLIER  HEALTH CENTER AT STANDIFER PLACE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 2826 WALKER RD CHATTANOOGA, TN 37421		
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K 054 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to maintain smoke detectors.</p> <p>The findings include:</p> <p>Record review and interview with the maintenance director on April 1, 2013 at 12:00 p.m. revealed that smoke detectors failed the sensitivity testing and were never corrected or replaced after the test.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on April 2, 2013.</p>	K 054	<p><u>Tag: K054</u></p> <ol style="list-style-type: none"> <li>1. Facility will have all smoke detectors that do not meet sensitivity testing requirements replaced. 4/19/13</li> <li>2. No other smoke detectors had failed the inspection, therefore no other residents were identified as being affected by the same deficient practice. 4/19/13</li> <li>3. The Director of Maintenance will ensure that testing is completed as required and failed equipment replaced in a timely manner. 4/19/13</li> <li>4. Director of Maintenance will ensure that the preventative maintenance plan is conducted properly by the contracted vendor. If problems are found with future inspections of the system, the Director of Maintenance will ensure that timely action is taken to make needed repairs. 4/19/13</li> </ol>		
K 062 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on record review, the facility failed to maintain the automatic sprinkler system.</p> <p>The findings include:</p>	K 062			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*John J. Brown*

TITLE

*Administrator*

(X6) DATE

*4-17-13*

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K 062	Continued From page 1	K 062	<u>Tag: K062</u>	5/17/13	
K 064 SS=D	Record review on April 1, 2013 at 12:20 p.m. revealed the dry system full flow trip test failed when performed and was never corrected for compliance.  This finding was verified by the administrator and acknowledged by the administrator during the exit conference on April 2, 2013. NFPA 101 LIFE SAFETY CODE STANDARD  Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide fire extinguishers at all proper locations.  The findings include:  Observation and interview with the maintenance director on April 2, 2013 at 10:45 a.m. revealed that all fire extinguishers located in the secure unit were removed from the mounted wall cabinets and being stored at the nurses' station.  This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on April 2, 2013. NFPA 101 LIFE SAFETY CODE STANDARD  Generators are inspected weekly and exercised	K 064	1. Facility has contracted with International Fire Protection who will submit drawings to the State of Tennessee to convert our current system from a dry system to a wet system.  2. The facility has verified that all other sprinkler systems are operating properly and are under a regular preventative maintenance schedule.  3. If problems are found with future inspections of the system, the Director of Maintenance will ensure that timely action is taken to make needed repairs.  4. Director of Maintenance will ensure that the preventative maintenance plan is conducted properly by the contracted vendor. If problems are found with future inspections of the system, the Director of Maintenance will ensure that timely action is taken to make needed repairs.	5/17/13  5/17/13  5/17/13  5/17/13	
K 144 SS=D		K 144			



**The Health Center at Standifer Place, Building 2, April 2, 2013 Survey Completed**

**Tag: K064**

1. Facility properly installed all fire extinguishers located in the secure unit in properly designated locations. 4/5/13
2. Maintenance and clinical staff have been inserviced that fire extinguishers are to be kept in designated locations at all times. 4/5/13
3. Maintenance department will perform routine inspections to ensure that fire extinguishers are located in designated areas. 4/5/13
4. Maintenance and clinical staff have been inserviced that fire extinguishers are to be kept in designated locations at all times. Maintenance staff will conduct routine visual inspections and will continue to monitor as needed. Additional inservices will be provided if deficient practices are discovered through maintenance staffs routine visual inspections. 4/5/13



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K 144	<p>Continued From page 2</p> <p>under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain generator equipment.</p> <p>The findings include:</p> <p>Observation on April 2, 2013 at 2:00 p.m. revealed that the remote annunciator when tested did not function or acknowledge the test.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on April 2, 2013.</p>	K 144	<p><u>Tag: K144</u></p> <ol style="list-style-type: none"> <li>1. Facility had the annunciator panel inspected and blown bulbs on annunciator were replaced on 4/10/13.</li> <li>2. All annunciator panels were inspected and are properly functioning and notification.</li> <li>3. Maintenance department will routinely inspect annunciator panels to ensure that they are functioning properly</li> <li>4. Maintenance staff will be inserviced on proper procedures for testing that annunciator panels and that bulbs are functional. The Director of Maintenance will perform the inservices and a QA study will be conducted in the 2<sup>nd</sup> quarter of 2013 and ongoing as needed to ensure that inspections are accurate and being done in a timely manner.</li> </ol>	4/10/13	4/10/13 & Ongoing